



SECURITY OFFICER 3
UW-MADISON POLICE DEPARTMENT
Job Announcement Code JAC: 04-01319

Location:	Madison, Wisconsin – Dane (Area 13)
Classification Title(s)/JAC:	Security Officer 3 – 04-01319
Type of Employment:	Full-time - The UW-Madison Police provides 24-hours a day, seven days a week, service and protection. Shifts and schedules vary, requires working some holidays and weekends.
Salary:	\$13.410 per hour, or \$28,000 annually, plus excellent benefits . A six-month probationary period is required. This title is included in the Security and Public Safety Bargaining Unit and is in pay schedule and range 05-10.
Special Qualifications:	Applicants must have a valid Wisconsin driver's license or be eligible to obtain a valid Wisconsin driver's license upon appointment; be at least 18 years old; be available to work nights, weekends, and holidays; good character; good driving record; NO unpardoned adult felony convictions; and "free from any physical, emotional, or mental condition which might adversely affect performance."
Contact:	University of Wisconsin Police Department, Police Sergeant Kowalski, tjkowals@wisc.edu , (608) 262-9971, or Police Lieutenant Kenneth Kerl, kgkerl@wisc.edu , (608) 262-4889, 1429 Monroe Street, Madison, WI 53711
Bargaining Unit:	Security and Public Safety Bargaining Unit
Area of Competition:	Open
Deadline to Apply:	Open – Continuous Recruitment

UW-Madison Police Department accepts applications on a continuous basis for our Security Officer 3 positions regardless of whether we have a vacancy or not. These are objective level security and protection positions. Completed applications are integrated into the eligibility register. The register created from this recruitment will be used to fill future vacancies at the Police Department.

Job Duties: Provide security services to protect property and persons from fire, theft, vandalism, and other hazards; assist and direct visitors; ensure compliance with all applicable campus, state and local rules and laws; perform prevention and educational programs.

Special Notes: For UW-Madison Campus safety information and crime statistics/annual Security Report, see <http://www.wisc.edu/students/faculty/safety.htm>, or call the Office of Human Resources at 608-265-2257 for a paper copy.

A thorough criminal background check will be conducted on finalist prior to an offer of employment.

Job Knowledge, Skills and Abilities: Ability to read and interpret rules, regulations and procedures; ability to write effectively including appropriate spelling, grammar and usage of the English language, and the ability to observe and retain pertinent details; to be able to access and assist victims and administer first aid. Certified applicants must be able to pass a character and background investigation, drug screening and physical examination, and a psychological evaluation. For additional information follow this link to the UW-Madison Police Department. <http://www.uwpd.wisc.edu>

How to Apply: Applications are accepted on a continuous basis. To apply, go to http://ohr.wisc.edu/COB/SecurityOfficer3_0401319.pdf; or by contacting the University of Wisconsin Police Department, Police Sergeant Kowalski, tjkowals@wisc.edu, (608) 262-9971, or Police Lieutenant Kenneth Kerl, kgkerl@wisc.edu, (608) 262-4889, 1429 Monroe Street, Madison, WI.

Completed application materials should be returned to:

UW-Madison Police Department
Attn: Bernadine Herbst
1429 Monroe Street
Madison, WI 53711

UW-Madison Police Department – “Respect, Integrity, Compassion, Honor”



TO: Applicant for **Security Officer 3**
Job Announcement Code: **04-01319**
UW-Madison, Police Department

RE: Special Application/Examination Materials

Thank you for your interest in **Security Officer 3** positions located at the University Police Department at UW-Madison. Starting pay rate is **\$13.410** per hour, or **\$28,000** annually, plus excellent benefits. For state employees, pay will be based on the rules that apply to compensation upon transfer, reinstatement, or voluntary demotion transactions; beginning pay will not be less than the minimum of the pay range. This position is in pay schedule **05**, range **10**. A six-month probationary period is required.

A thorough background investigation (i.e. psychological, physical, credit history, driver's status and criminal history) will be conducted after a conditional offer of employment for anyone not currently employed by UW Madison Police.

The next step in the selection process for this position is an Objective Inventory Questionnaire (OIQ). An OIQ is a Civil Service Examination with the purpose of providing you and all other candidates with the same opportunity to describe your training and experience, which is most relevant to the requirements of this position. You will be notified of your exam results, and the most qualified applicants will be invited to the next step in the selection process.

Instructions for Completion of the Objective Inventory Questionnaire (OIQ):

- The OIQ is designed to identify your professional education, training and experience as it relates to the duties and responsibilities of a **Security Officer 3**.
- Please be prepared in a subsequent stage of the selection process to demonstrate and verify your proficiency or competence level in any of the skills described in this questionnaire.
- Make your entries clear and legible. No credit will be given for information that cannot be understood.
- Applicants invited into interview may be asked for transcripts. If you have them, please submit them now.

DO NOT make any additions, deletions or alterations to questions on this exam other than providing your response to each statement. Please complete on-line or be sure to print using ink.

PLEASE SUBMIT THE FOLLOWING (Pages 7 – 20):

- **Completed objective inventory questionnaire responses.**
 - Do **not** submit a resume in lieu of response to the items in this questionnaire. Your eligibility to participate in the next step of the selection process will be based on your responses to the OIQ questions.
- **Application for State Employment (OSER DMRS-38) Form** which is included in this packet or can be downloaded at (<http://oser.state.wi.us/docview.asp?docid=1121>),
- **Signed Affidavit & other Authorization and included forms**
- If you are eligible for Veterans Preference Points or Disabled Expanded certification please complete the appropriate form and return it with your other materials. These forms can also be downloaded at <http://oser.state.wi.us/docview.asp?docid=1240> (Veterans Preference Form) and <http://oser.state.wi.us/docview.asp?docid=1200> (Disabled Expanded Form).
- Note: In accordance with the Federal Privacy Act of 1974, disclosure of the Social Security Number is voluntary. It will only be used to ensure that correct records are obtained and to ensure that all pages in your application packet are kept together.

You may want to keep a copy of your completed materials for future reference.

Please send materials to:

***UW-Madison Police
Attn: Bernadine Herbst
1429 Monroe Street
Madison, WI 53711***

Note: After a conditional offer of employment is made, a medical and psychological examination will be scheduled and conducted. Failure to meet acceptable standards for the credit history, drug test, physical or psychological examination or background will be grounds for disqualification.

State of Wisconsin Department of Employment Relations
STATE APPLICATION INSTRUCTIONS

Search employment opportunities on-line at <http://wiscjobs.state.wi.us>

General Instructions:

- These instructions are for use in completing the *Application for State Employment*, form OSER-DMRS-38.
- You **must** provide the following: **job announcement code, mother’s maiden name, last name, mailing address, city, state, zip, type of employment, county(ies) where you will work, and your signature.**
- You must ensure that the completed, signed *Application* is received on or before the announced deadline date, at the specified location. We are not responsible for late, lost, misdirected or damaged mail.
- You may take clean photocopies of the *Application*, printed front and back on one sheet of paper, and submit that as the official application.
- As a veteran with an honorable discharge or a spouse of a veteran, you may be eligible to receive additional points on your civil service scores. Current state employees are not eligible for veteran’s points. Please view the Veterans Preference Supplement form OSER-MRS-38L, found on-line at <http://oser.state.wi.us/docview.asp?docid=1240>.
- Qualified disabled persons may be eligible for consideration in the interview process. Please complete the Disabled Expanded Certification form DER-MRS-159, found on-line at <http://oser.state.wi.us/docview.asp?docid=1200>.
- The Department of Employment Relations, Employment Services Center, is at 345 West Washington Avenue, Madison, WI 53703, telephone (608) 266-1731, e-mail <mailto:ESC@oser.state.wi.us>.

Step-by-Step Instructions:

1. **CIVIL SERVICE JOB TITLE**
Complete an Application for each job you apply for unless the job titles were announced together in the same single announcement. Enter the job title as it appears in the announcement.
2. **JOB ANNOUNCEMENT CODE(S)**
Job Announcement Code(s) are listed in the heading of the job announcement. **An accurate Job Announcement Code is required to process your application.**
3. **SCORE REUSE**
Check the Score Reuse box if you wish to use your score from the previously administered exam. See your Exam Results Notice from the previously taken exam or call the contact listed in the job announcement to see if your score can be reused. Refer to the *Current Employment Opportunities Bulletin* for more information.
4. **SOCIAL SECURITY NUMBER**
This information is required in order to process your application. Your social security number will help to ensure the accuracy of your application. Current state employees: Some information may be verified with state employment records to be sure your most current data is available with your application.
5. **MOTHER'S MAIDEN NAME**
This information is required in order to process your application. Enter your mother's maiden name or another name or word that will serve as an additional identifier to make your applicant record unique.
6. **HOW DO WE CONTACT YOU?**
You must provide your last name and complete mailing address for us to process your application. Notify us in writing of any changes to your address. Please print your contact information clearly.

State Application Instructions – page 2 of 4

7. LEGALLY AUTHORIZED TO WORK IN THE U.S.

Check YES only if you are one of the following: (1) a citizen or national of the United States, (2) a lawful permanent resident, or (3) an alien authorized to work in the United States.

8. WISCONSIN RESIDENCY

Indicate whether you are a permanent resident of the State of Wisconsin. Wisconsin residency is required only for Limited Term and Project positions.

9. EXAM CITY

Listed below are fourteen cities that host exam centers. If the job for which you are applying requires taking an exam at an exam center (see job announcement for examination requirements), choose only **one** of the locations listed below where you will take that exam. Transfer the code for that city to the *Application*.

<u>Code</u>	<u>City</u>	<u>Code</u>	<u>City</u>	<u>Code</u>	<u>City</u>	<u>Code</u>	<u>City</u>
AD	Ashland	KE	Kenosha	PL	Platteville	WA	Wausau
EC	Eau Claire	LX	La Crosse	RH	Rhineland	WR	Wisconsin Rapids
FD	Fond du Lac	MD	Madison	RL	Rice Lake		
GB	Green Bay	MW	Milwaukee	SU	Superior	OT	Military (see below)

Active Duty Military

Please enter OT in section 9 of the *Application* and provide the requested information on page 2 of the *Application*.

Gender and Race/Ethnicity Information

Gender and race/ethnicity information is used for equal employment opportunity/affirmative action (EEO/AA) purposes only. This information is confidential and is retained by state human resources professionals. If you do provide this information, you may be eligible for further consideration of job opportunities through the State of Wisconsin EEO/AA Plan.

10. GENDER

Check only one box.

11. RACE/ETHNICITY - Check only one box using the following definitions:

Black--Not of Hispanic origin: All persons having origins in any of the black racial groups of Africa.

Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands.

American Indian or Alaska Native: Persons descending from any of the original peoples of North America who possess ¼ degree of documented tribal descendancy or are enrolled with a federally or state recognized tribe, or are recognized by a federally or state recognized tribe as American Indians for state affirmative action purposes.

Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

White--Not of Hispanic origin: All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

12. BIRTH DATE

Use numbers giving the month/day/year you were born (MM/DD/YYYY). This information is used for administrative purposes only.

13. EDUCATIONAL LEVEL

Check only one box in the *Application*. Indicate your single highest level of education.

14. WORK PREFERENCES: HOURS AND SHIFTS

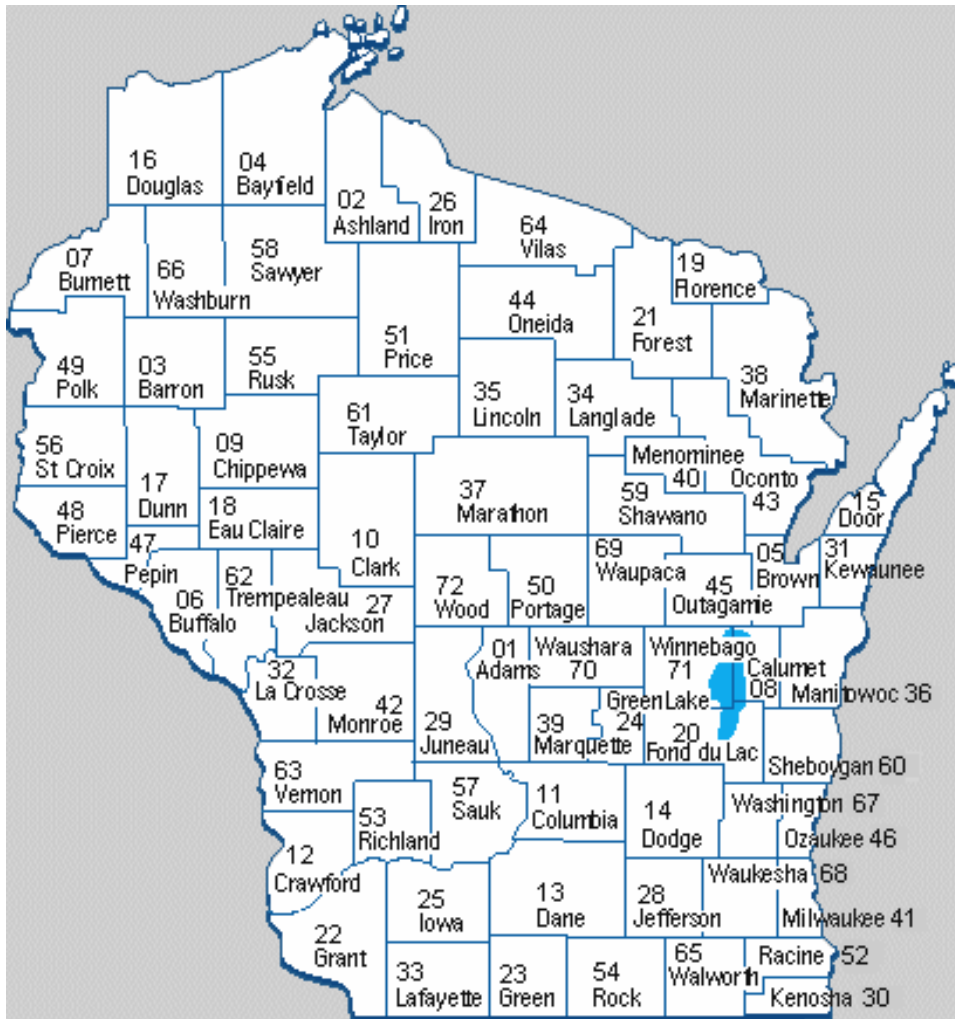
You must include the type of employment you will accept in order for us to process your application. Check all types of work that you will accept.

State Application Instructions – page 3 of 4

15. WHERE WOULD YOU LIKE TO WORK

Select the desired code(s) below for the county or counties where you will accept work and transfer that two-digit number to section 15 in the *Application*. See map below. **We will consider you only for jobs in the locations where you tell us you will work. You must enter at least one code for us to process your application.**

<u>Code</u> <u>County</u>	<u>Code</u> <u>County</u>	<u>Code</u> <u>County</u>	<u>Code</u> <u>County</u>	<u>Code</u> <u>County</u>
01 - Adams	16 - Douglas	31 - Kewaunee	46 - Ozaukee	61 - Taylor
02 - Ashland	17 - Dunn	32 - La Crosse	47 - Pepin	62 - Trempealeau
03 - Barron	18 - Eau Claire	33 - Lafayette	48 - Pierce	63 - Vernon
04 - Bayfield	19 - Florence	34 - Langlade	49 - Polk	64 - Vilas
05 - Brown	20 - Fond du Lac	35 - Lincoln	50 - Portage	65 - Walworth
06 - Buffalo	21 - Forest	36 - Manitowoc	51 - Price	66 - Washburn
07 - Burnett	22 - Grant	37 - Marathon	52 - Racine	67 - Washington
08 - Calumet	23 - Green	38 - Marinette	53 - Richland	68 - Waukesha
09 - Chippewa	24 - Green Lake	39 - Marquette	54 - Rock	69 - Waupaca
10 - Clark	25 - Iowa	40 - Menominee	55 - Rusk	70 - Waushara
11 - Columbia	26 - Iron	41 - Milwaukee	56 - Saint Croix	71 - Winnebago
12 - Crawford	27 - Jackson	42 - Monroe	57 - Sauk	72 - Wood
13 - Dane	28 - Jefferson	43 - Oconto	58 - Sawyer	
14 - Dodge	29 - Juneau	44 - Oneida	59 - Shawano	99 - All Counties
15 - Door	30 - Kenosha	45 - Outagamie	60 - Sheboygan	



Cities with population of more than 100,000:

- Madison (state capital) is in Dane County, code 13
- Milwaukee (largest city) is in Milwaukee County, code 41
- Green Bay is in Brown County, code 05

16. HOW DID YOU FIND OUT ABOUT THIS JOB?

Please identify the source(s) of information that led you to apply for this vacancy.

16(K) Wisconsin Colleges/Universities: If applicable, use the codes below to identify the Wisconsin College or University where you learned about this job opportunity. Enter a code from the list below in section 16(K) of the *Application* form.

<u>Code</u>	<u>College/University</u>	<u>Code</u>	<u>College/University</u>	<u>Code</u>	<u>College/University</u>
01 -	Alverno College	22 -	Moraine Park Technical	43 -	UW-Marinette
02 -	Beloit College	23 -	Mount Mary College	44 -	UW-Marshfield/Wood County
03 -	Blackhawk Technical	24 -	Mount Senario College	45 -	UW-Milwaukee
04 -	Cardinal Stritch University	25 -	Nicolet Area Technical	46 -	UW-Oshkosh
05 -	Carroll College	26 -	North Central Technical	47 -	UW-Parkside
06 -	Carthage College	27 -	Northeast Wisconsin Technical	48 -	UW-Platteville
07 -	Chippewa Valley Technical	28 -	Northland College	49 -	UW-Richland
08 -	Concordia University	29 -	Ripon College	50 -	UW-River Falls
09 -	Edgewood College	30 -	Silver Lake College	51 -	UW-Rock County
10 -	Fox Valley Technical	31 -	Southwest Wisconsin Technical	52 -	UW-Sheboygan
11 -	Gateway Technical	32 -	St. Norbert College	53 -	UW-Stevens Point
12 -	Lakeland College	33 -	UW-Baraboo/Sauk County	54 -	UW-Stout
13 -	Lakeshore Technical	34 -	UW-Barron County	55 -	UW-Superior
14 -	Lawrence University	35 -	UW-Eau Claire	56 -	UW-Washington County
15 -	Madison Area Technical	36 -	UW-Fond du Lac	57 -	UW-Waukesha
16 -	Marian College	37 -	UW-Fox Valley	58 -	UW-Whitewater
17 -	Marquette University	38 -	UW-Green Bay	59 -	Viterbo College
18 -	Mid-State Technical	39 -	UW-La Crosse	60 -	Waukesha County Technical
19 -	Milwaukee Area Technical	40 -	UW-Madison	61 -	Western Wisconsin Technical
20 -	Milwaukee Institute of Art & Design	41 -	UW-Manitowoc	62 -	Wisconsin Indianhead Technical
21 -	Milwaukee School of Engineering	42 -	UW-Marathon County	63 -	Wisconsin Lutheran College

16(L) Newspapers: If applicable, use the codes below to identify the newspaper where you learned about this opportunity. Enter a code from the list below in section 16(L) of the *Application* form.

<u>Code</u>	<u>Newspaper</u>	<u>Code</u>	<u>Newspaper</u>	<u>Code</u>	<u>Newspaper</u>
01 -	Appleton Post-Crescent	14 -	La Crosse Tribune	27 -	Stevens Point Journal
02 -	Ashland Daily Press	15 -	Madison Capital Times	28 -	Umoja
03 -	Beaver Dam Daily Citizen	16 -	Madison Times	29 -	Watertown Daily Times
04 -	Beloit Daily News	17 -	Madison Wisconsin State Journal	30 -	West Bend Daily News
05 -	Campus Newspaper	18 -	Manitowoc Herald Times Reporter	31 -	Wisconsin Rapids Daily Tribune
06 -	Chippewa Falls Herald	19 -	Marshfield News Herald		
07 -	Eau Claire Leader-Telegram	20 -	Milwaukee Journal Sentinel		<u>Out-of-State Newspapers</u>
08 -	Employment Times	21 -	Milwaukee Times	32 -	Chicago Sun-Times
09 -	Fond du Lac Reporter	22 -	Now Hiring	33 -	Chicago Tribune
10 -	Green Bay News Chronicle	23 -	Oshkosh Northwestern	34 -	Minneapolis Star-Tribune
11 -	Green Bay Press Gazette	24 -	Racine Journal Times	35 -	Rockford Register Star
12 -	Janesville Gazette	25 -	Shawano Leader	36 -	St. Paul Pioneer Press
13 -	Kenosha News	26 -	Sheboygan Press	37 -	Wall Street Journal

17. REFERRAL PERMISSION

Check yes to give us permission to refer your name to other public employers such as state agencies, universities, and city and county governments. Your response will not affect your eligibility for state employment.

Instructions for Form OSER-DMRS-38 (rev. 5/03)

State of Wisconsin Department of Employment Relations
APPLICATION FOR STATE EMPLOYMENT

* Required items

1. **Civil Service Job Title** as it appears in the announcement: **SECURITY OFFICER 3**

2. ***Job Announcement Code(s)** of the position(s) for which you are applying:

Job Code #1 **04-01319** Job Code #2 - Job Code #3 -

3. **Score Reuse:**

4. **Social Security Number:** - -

5. ***Mother's Maiden Name:** _____

6. **How do we contact you?**

*Last Name:		First Name:		M.I.:
*Mailing Address:				
*City:	*State:	*Zip:	Country:	
Day Phone:		E-Mail Address:		
Evening Phone:		Other Number:		

7. **I am currently legally authorized to work in the United States.** Yes No

8. **I am a Wisconsin resident.** Yes No

9. **Exam City Code: (N/A to Police Officer application)**

Gender and race information are used for equal employment opportunity/affirmative action purposes only.

10. **Gender:**
 Female Male

11. Race/Ethnicity: (Check only one.)	
<input type="checkbox"/> 1 Black (Not Hispanic)	<input type="checkbox"/> 3 American Indian/Alaska Native
<input type="checkbox"/> 2 Asian or Pacific Islander	<input type="checkbox"/> 4 Hispanic
<input type="checkbox"/> 5 White (Not Hispanic)	

12. **Birth Date:**
Birth date information is used for administrative purposes only. Use numbers, e.g., 02/09/1971 (MM/DD/YYYY)
 ___ / ___ / _____

13. Educational Level: Check <u>highest level</u> completed.	
<input type="checkbox"/> 01 Did not complete high school/GED	<input type="checkbox"/> 06 Two-year associate degree
<input type="checkbox"/> 02 Completed GED/HSED	<input type="checkbox"/> 07 Bachelor's degree
<input type="checkbox"/> 03 Graduated from high school	<input type="checkbox"/> 08 Some graduate degree courses
<input type="checkbox"/> 04 Some college, no degree	<input type="checkbox"/> 09 Graduate college degree
<input type="checkbox"/> 05 One-year vocational diploma	

14. ***What are your work preferences** for the position for which you are applying? Check all that you will accept.

- FT Full-time (40 hours/week) PT Part-time (less than 40 hrs/wk)
- EH Evening 2nd shift (3 to 11 pm or similar) NT Night 3rd shift (11 pm to 7 am or similar)
- SE Seasonal (minimum of 600 hours per year but less than 1,828 hours per year.)

15. ***Where would you like to work?** Enter counties where you will accept employment.

Note: We will consider you only for jobs in the locations where you tell us you will work. You must identify at least one county for us to process your application. Enter 2-digit County Code(s) below using the list provided in the instructions.

County Code(s): **13** | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___ | ___

16. **How did you hear about this job?** Check all that apply.

<input type="checkbox"/> A Internet: <i>Select below.</i>	<input type="checkbox"/> M Current State Employee
<input type="checkbox"/> B http://jobs.der.state.wi.us	<input type="checkbox"/> N Radio Ad
<input type="checkbox"/> C www.wisconsin.gov	<input type="checkbox"/> O Television Ad
<input type="checkbox"/> D DWD/JOBNET	<input type="checkbox"/> P Job Fair
<input type="checkbox"/> E other career sites	<input type="checkbox"/> Q State Workshop
<input type="checkbox"/> F state agency web site	<input type="checkbox"/> R Library
<input type="checkbox"/> G Department of Employment Relations	<input type="checkbox"/> S W-2 SET/SEO Services
<input type="checkbox"/> H Job Service/Job Center	<input type="checkbox"/> T Direct Mail
<input type="checkbox"/> I Another State Agency	<input type="checkbox"/> U Current Employment Opportunities Bulletin
<input type="checkbox"/> J Community Organization	<input type="checkbox"/> V Other
<input type="checkbox"/> K Wisconsin College/University: See list of codes in instructions; enter College/University code here: _____	
<input type="checkbox"/> L Newspaper: See list of codes in instructions; enter Newspaper code here: _____	

17. **Referral Permission:** State agencies and universities may search our database for applicants with specific skills or experiences. Do you wish to have your application available to other state agencies, universities, and city and county governments?

Yes No

Active Duty Military: We will test active duty military members stationed out of state who are unable to test at our regularly scheduled exam centers. We will test only at approved U.S. military installations and only if the exam is administered by a Test Control Officer or equivalent person. Please provide the following information for the person who has agreed to administer the exam. A fee may be charged for this service.

Exam Administrator: Last Name: _____ First Name: _____ M.I.: _____

Title: _____ Agency: _____

Complete Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Certification Statement

I certify that the information I have provided in this application is true to the best of my knowledge and I understand that I may be required to verify the information before being appointed. I understand that any false, misleading, or missing information may disqualify me from employment consideration.

I agree. I disagree. *Signature: _____ Date: _____

AFFIDAVIT CERTIFICATION STATEMENT

UW Madison Police Department **SECURITY OFFICER 3**

Please read the following statements, sign below, fill out the information requested, and return this form attached to your completed examination/application materials.

I understand that the Objective Inventory Questionnaire is a screening device used prior to the interview and that the practice or attempt to practice any deception or fraud will result in my application being withdrawn or that I will be removed from the position if I am hired.

WISCONSIN ADMINISTRATIVE CODE

ER-MRS 6.10. . . the Administrator may refuse to. . . certify. . . or remove an applicant from a certification. . . ;

(5) who has made a false statement of any material fact in any part of the selection process;

(7) who practices, or attempts to practice, any deception or fraud in application, certification, examination, or in securing eligibility or appointment;. . .

(10) who has in any manner gained access to special or secret information regarding the content of an examination.

WISCONSIN STATUTES:

Section 230.43 Misdemeanors; how punished. (1) Obstruction or Falsification of Examinations. Any person. . . (c) who willfully or corruptly makes any false representations concerning the same (examination). . . (e) . . . shall for each offense be guilty of a misdemeanor.

(3) Penalty. Misdemeanors under this section are punishable by a fine of not less than \$50, nor more than \$1,000, or by imprisonment for not more than one year or both.

I certify that I have read and acknowledge that I understand the preceding excerpts from the Wisconsin Administrative Code, ER-MRS 6.10, and Wisconsin Statutes, sec. 230.43 which relate to security of examination information in any part of the selection process. I also certify that my responses to the questions on this Objective Inventory Questionnaire are true to the best of my recollection and that I can document these experiences if required to do so at some time in the future.

First Name (Print)	Last Name (Print)
SS#	Day Phone #
Address	City, State & Zip
Security Officer 3 Applicant Signature	
Date Signed	

**SECTION 1: MINIMUM QUALIFICATIONS
QUESTIONS 1- 9**

To pass the minimum qualification for the Security Officer 3 you must be able to respond as indicated below regarding your experience:

Answer **YES** to questions 1 – 3
Answer **NO** to questions 4 - 8

If you were **unable to answer** the questions as identified above, please **do not continue** to take the exam because you do not meet the minimum qualifications required.

KEY	
A = NO	
B = YES	
TASK OR ACTIVITY STATEMENT ANSWER	
You must be able to answer <u>YES</u> to questions 1 – 3 to meet the minimum qualifications required.	
Do you currently possess a valid Wisconsin driver's license or are you eligible to obtain a valid Wisconsin driver's license upon appointment?	1.
Are you at least 18 years of age?	2.
Are you available to work nights, weekends, and holidays?	3.
You must be able to answer <u>NO</u> to questions 4 - 8 to meet the minimum qualifications required.	
Do you have any unpardoned felony convictions?	4.
In the past 10 years, have you been convicted for drunk driving, driving with a prohibited alcohol concentration, any related implied consent law or had more than one conviction of this type in your lifetime?	5.
Have you been convicted of operating a vehicle after suspension or revocation of your driver's license or operating without a valid driver's license in the past 10 years or more than once in your lifetime (excluding expired license convictions or suspension violations for failure to pay fine)?	6.
Have you ever been convicted of more than one moving violation within the past two years or have you received more than 6 demerit points on your driver's license in the past 3 years?	7.
Have you been convicted any misdemeanor or other criminal offense within the past five years?	8.

Information provided in this packet is subject to verification. False or incomplete information will be cause for disqualification.

First Name (Print)	Last Name (Print)
SS#	
Security Officer 3 Applicant Signature	
Date Signed	

Again, please do not proceed with the remainder of the exam unless you were able to answer as specified to the questions above.

SECURITY OFFICER 3 Objective Inventory Questionnaire	Social Security No. _____ - _____ - _____
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Last Name:		First Name:		M.I.:
Former Last Name (if any):		First Name:		M.I.:
*Mailing Address:				
*City:	*State:	*Zip:	Country:	
Day Phone:		E-Mail Address:		
Evening Phone:		Other Number:		
Current Valid Driver's License Number:		State of Issue:		
List any other states and driver's license numbers in which you have had a driver's license:				
Date of Birth (MM/DD/YY):		Place of Birth (City, State, and Country):		
<u>Note: Be prepared to provide a certified copy of your Birth Certificate.</u>				
Are you a U.S. Citizen?		Date Naturalization Papers issued, if applicable		
How did you learn about this position: Newspaper (specify) _____, UWPD Website _____				
Job Fair (specify) _____, Wisconsin Job Bulletin _____, College (specify) posting _____				
State Employee _____, Other Website (specify) _____, Other (specify) _____				

FORMER ADDRESSES		
Beginning with the most recent prior address to that previously listed. Include all prior addresses within the last ten years. Attach additional pages with all information if necessary.		
Mailing Address:		
City:	City:	Zip
Rent to Own? If rented list the landlord's name, complete address, and telephone number.		
Name of other persons residing with you:		
Mailing Address:		
City:	City:	Zip
Rent to Own? If rented list the landlord's name, complete address, and telephone number.		
Name of other persons residing with you:		

SECURITY OFFICER 3
Objective Inventory Questionnaire

Social Security No. _____ - _____ - _____

FORMER ADDRESSES - CONTINUED

Mailing Address:

City:	City:	Zip
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Rent to Own? If rented list the landlord's name, complete address, and telephone number.

Name of other persons residing with you:

Mailing Address:

City:	City:	Zip
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Rent to Own? If rented list the landlord's name, complete address, and telephone number.

Name of other persons residing with you:

Mailing Address:

City:	City:	Zip
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Rent to Own? If rented list the landlord's name, complete address, and telephone number.

Name of other persons residing with you:

MILITARY SERVICE

Have you been or are you a member of the Military Service?
If the answer is "No", please go on to the next section.

Military Branch:	Years of service:
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Title:	Type of Discharge:
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Please attach your Form DD214 with this application.

List one military reference below:

Military Reference Name:	Title:
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Relationship:	Phone:
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Address:

Have you maintained contact with this person?

SECURITY OFFICER 3
Objective Inventory Questionnaire

Social Security No. _____ - _____ - _____

EDUCATION AND TRAINING

Check the highest grade completed:

GED High School Associate Bachelors Masters PhD

Name and address of High School(s) attended:

Month and Year that High School Diploma or G.E.D. was granted (**Be prepared to provide a copy of your Diploma, G.E.D. or Transcripts**)

If post High School education; list years attended and if any degree earned. Include college/university, technical college, trade schools, and military training. **Be prepared to provide transcripts and diplomas when requested.**

Name/Location	Dates of Attendance From	Dates of Attendance To	Credits Earned	Degree/Subject	Completion Month/Year

Attach additional sheets if necessary

ADDITIONAL EDUCATION AND TRAINING

Describe any education or training you have had which is not previously listed, such as vocational schools, correspondence courses, service schools, in-service trainings, corporate training programs – list dates. **Be prepared to provide copies of certificates of completion and diplomas upon request.**

List any current professional licenses or certifications you hold as a member of a trade or profession.

List any memberships you have in any professional or technical associations.

Have you served a formal apprenticeship? _____, If yes, please identify the information below:

Dates:

Location:

What Trade:

SECURITY OFFICER 3
Objective Inventory Questionnaire

Social Security No. _____ - _____ - _____

PRIOR EMPLOYMENT

List ALL previous jobs, beginning with the current or most recent. Include any jobs held concurrently with other jobs. Include self-employment. Indicate any change in job title under the same employer as a separate position. Account for all periods between jobs. Attach additional sheets if necessary.

Employer Name		
Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time?	Part Time? (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name		Phone
Address		Relationship
Employer Name		
Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time?	Part Time? (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name		Phone
Address		Relationship
Employer Name		
Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time?	Part Time? (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name		Phone
Address		Relationship

SECURITY OFFICER 3
Objective Inventory Questionnaire

Social Security No. _____ - _____ - _____

PRIOR EMPLOYMENT - CONTINUED

Employer Name

Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time?	Part Time? (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name	Phone	
Address	Relationship	

Employer Name

Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time?	Part Time? (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name	Phone	
Address	Relationship	

Employer Name

Address: Street	City	State/Zip
Telephone	Type of Business	
Title	Supervisor	
Employment Dates	Beginning Salary	Ending Salary
Full Time?	Part Time? (What was the average number of hours worked per month?)	
Reason for leaving:		
List one reference from this job: Name	Phone	
Address	Relationship	

SECURITY OFFICER 3 Objective Inventory Questionnaire	Social Security No. _____ - _____ - _____
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CHARACTER REFERENCES

List three people who you have known for at least two years. They can be any person not related to you and not already listed who would know your strengths and weaknesses.

First Reference Name		Professional/Title	
Address: Street	City	State/Zip	
Home Telephone ()		Work Telephone ()	
How long has this person known you?		Do you maintain regular contact?	
Second Reference Name		Professional/Title	
Address: Street	City	State/Zip	
Home Telephone ()		Work Telephone ()	
How long has this person known you?		Do you maintain regular contact?	
Third Reference Name		Professional/Title	
Address: Street	City	State/Zip	
Home Telephone ()		Work Telephone ()	
How long has this person known you?		Do you maintain regular contact?	

SOCIAL REFERENCES

List three people, not related to you, who you interact with socially on a regular basis.

First Reference Name		Professional/Title	
Address: Street	City	State/Zip	
Home Telephone ()		Work Telephone ()	
How long has this person known you?			
Second Reference Name		Professional/Title	
Address: Street	City	State/Zip	
Home Telephone ()		Work Telephone ()	
How long has this person known you?			
Third Reference Name		Professional/Title	
Address: Street	City	State/Zip	
Home Telephone ()		Work Telephone ()	
How long has this person known you?			

I hereby certify that there are no omissions from, misrepresentations in, or falsifications of any of the above statements and answers to questions. I am aware that should your investigation disclose such omissions, misrepresentations, or falsifications, my application for this position or future positions will be rejected.

Signature:	Date:
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SECURITY OFFICER 3 Objective Inventory Questionnaire		Social Security No. _____ - _____ - _____	
LAW ENFORCEMENT REFERENCE			
List one law enforcement related or military police reference if possible.			
Reference Name		Agency	
Address: Street	City	State/Zip	
Home Telephone ()	Work Telephone ()		
How long has this person known you?		How often do you have contact?	
NEIGHBORHOOD REFERENCE			
List one neighbor who knows you and is either a current neighbor or has been a neighbor in the past twelve months.			
First Reference Name		Professional/Title	
Address: Street	City	State/Zip	
Home Telephone ()	Work Telephone ()		
How long has this person known you?		Do you maintain regular contact?	
RELEVANT VOLUNTEER ACTIVITIES			
List any volunteer organizations of which you have been a member or with which you have been actively involved. Attach additional sheets if necessary.			
Agency or Entity		Dates of involvement:	
Address: Street	City	State/Zip	
Contact Person (name and title)		Phone ()	
Describe your duties:			
DRUG/NARCOTICS USE			
It is not the intent of the UW-Madison Police Department to use this information for criminal prosecution.			
Have you <u>ever</u> used or experimented with marijuana?			
If Yes, date first used:		Date last used:	
Have you ever sold, cultivated or supplied marijuana?			
Have you ever used or experimented with any form of drug such as Cocaine, Speed, PCP, Heroin, Ecstasy, LSD, Hashish, Opiates, Psilocybin "mushrooms", etc.?			
If yes, please provide the details based on your best recollection. Also include the following information listed below.			
Name of drug/narcotic	Estimated Use	Date First Used	Date Last Use
Have you ever sold any form of drug or narcotic?			
Have you manufactured any form of drug or narcotic?			
If yes to either of the above, please explain.			

SECURITY OFFICER 3 Objective Inventory Questionnaire		Social Security No. _____ - _____ - _____	
GENERAL INFORMATION			
Have you ever been convicted of committing any crimes (including as a juvenile)? If yes, indicate the information below.			
Dates		Locations	
Police Agencies Involved		Disposition	
List all traffic accidents in which you have been involved as the driver (your fault or not). Be sure to include the information below.			
Dates		Locations of these accidents	
List the state of registration and license plates number for ALL vehicles owned by you during the past 24 months.			
State of Registration		License Plate Number	
State of Registration		License Plate Number	
State of Registration		License Plate Number	
Do you know of anything (except medically related information) that might disqualify you or prevent you from performing the essential tasks of the position for which you are applying for? If yes include a detailed reason.			
Have you had prior work experience with the University of Wisconsin or other State Service? If yes, complete the information below.			
Department		Your Title	
Dates of employment			
Are you willing to work various shifts with rotating days off and work weekends on a regular basis?			
When would you be available for employment?			
Has any Law Enforcement Agency conducted a background on you for employment purposes? If yes, complete the information below.			
Agency		Month/Year	
Agency		Month/Year	
Agency		Month/Year	
Agency		Month/Year	
I hereby certify that there are no omissions from, misrepresentations in, or falsifications of any of the above statements and answers to questions. I am aware that should your investigation disclose such omissions, misrepresentations, or falsifications, my application for this position or future positions will be rejected.			
Signature:			Date:



**UNIVERSITY OF WISCONSIN – MADISON
POLICE DEPARTMENT**

1429 Monroe Street
Madison, WI 53711

Chief Susan Riseling

Non-Emergency 608-262-2957
Fax 608-262-9768
www.uwpd.wisc.edu

Emergency 911

**UW-MADISON POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN: I am an applicant for a position with the UW-Madison, Police Department. The Department needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above Department.

I hereby authorize any representative of the UW-Madison Police Department bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the UW-Madison Police Department, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the UW-Madison Police Department to consider in determining my suitability for employment in that Department. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background and reputation, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information relating to investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records for your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the UW-Madison Police Department regardless of any agreement I may have made with you previously to the contrary. The law enforcement organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the UW-Madison Police Department's acceptance and processing of my application for employment, I agree to hold you, your agent and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the UW-Madison Police Department. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

**UW-MADISON POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION**

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the UW-Madison Police Department in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be as valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature. This waiver is valid for a period of two (2) years from the date of my signature. I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request. Should there be any questions as to the validity of this release, you may contact me at the address listed on this form below.

Exceptions to this Blanket Authorization

1. Any medical information in the possession of any source named above if a conditional offer has not yet been made.
2. Any medical information in the possession of any source named above even if a final job offer has already been made.
3. Any other exceptions as listed below.

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First Name (Print)	Last Name (Print)
Address (Street and Number)	City, State & Zip
Security Officer 3 Applicant Signature	
Date Signed	
Witness to Applicant's Signature	
First Name (Print)	Last Name (Print)
Signature of Witness to Applicant's Signature	
Date Signed	

For official use only, not to be released to unauthorized persons